

Contact Details for the services	
Outpatients Booking Office:	0300 003 0806

Referral via eRS only

Patient's details				Patient's background and culture					
Name	Full Name			Ethnicity	Ethnic Origin				
				1st language	Main Language				
DOB	Date of Birth	Age	Age	Interpreter required? Interpreter required					
Sex	Gender(full)			Military Veteran?					
Address & postcode	Home Full Address (stacked)			Referrer details					
				Referring Clinician					
				Practice ODS Code Address	Organisation Name Organisation Full Address (stacked)				
NHS No	NHS Number			Tel no	Organisation Telephone Number				
Hospital No	Hospital Number			Email	Organisation E-mail Address				
Home tel	Patient Home Telephone			Referral date	Short date letter merged				
Work tel	Patient Work Telephone			Date received					
Mobile tel	Patient Mobile Telephone								
Email	Patient E-mail Address								
Preferred contact method		Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	E-mail	<input type="checkbox"/>

Social Information				
Social Context	Transport Issues <input type="checkbox"/>	Has a Carer <input type="checkbox"/>	Is a Carer <input type="checkbox"/>	Lives Alone <input type="checkbox"/>
	Interpreter required <input type="checkbox"/>	State which Language		
Next of Kin				
Relationship to Patient			Telephone No	

Reason for referral

Investigations required	Smoking status
Please tick requirements	Never <input type="checkbox"/>
Spirometry <input type="checkbox"/>	Current <input type="checkbox"/>
Spirometry with reversibility <input type="checkbox"/>	How may a day?
Salbutamol 400mcg inhaler via spacer <input type="checkbox"/>	How many years?
	Ex-smoker <input type="checkbox"/>
	How many years has the patient not smoked?

By filling out this order for the reversibility test you are authorising the administration of the medications by the physiologist/nurse. Please note it is the referrer's responsibility to prescribe Salbutamol 100mcg x 4 puffs and aero chamber for the purpose of the test.

**PLEASE CONFIRM THAT THE GP GIVES
AUTHORISATION FOR THE MEDICATION TO BE
GIVEN AS PER THE ABOVE**

You must be authorised prescriber to request the reversibility.

Details of past medical history
e.g. TB/Hepatitis